

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**107031442**

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			3			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49						
50						
<b>TOTAL IND.</b>			<b>9</b>			
<b>TOTAL DEP.</b>			<b>41</b>			
<b>TOTAL CLAIMS</b>			<b>50</b>			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
<b>TOTAL IND.</b>			<b>9</b>			
<b>TOTAL DEP.</b>			<b>41</b>			
<b>TOTAL CLAIMS</b>			<b>50</b>			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS